FEB 2.5 2000 EP Co.

FEB 2.5 2



PTO/SB/01 (12-97) Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

□ Declaration Submitted with Initial Filing

OR

▼ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

| | | | _ | | | |
|------------------------|--------|------------------|---|--|--|--|
| Attorney Docket Number | | P04056 | | | | |
| First Named Inventor | | Dunlap et al. | | | | |
| COMPLI | ETE IF | KNOWN | | | | |
| Application Number | | / 09/477,099 | | | | |
| Filing Date | (|)1/04/00 | | | | |
| Group Art Unit | 1 | 2787 | | | | |
| Examiner Name |] | Not assigned yet | | | | |

| As a below named inven | As a below named inventor, I hereby declare that: | | | | | | | | |
|---|--|-------------------------------------|-------------------------|------------------------|--------------|--|--|--|--|
| My residence, post office address, and citizenship are as stated below next to my name. | | | | | | | | | |
| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: System And Method For Forcing An SRAM Into A Known State During Power-Up | | | | | | | | | |
| the specification of which (Title of the Invention) is attached hereto OR | | | | | | | | | |
| was filed on (MM/D | 04 Jan. 2000 | as Unite | d States Applica | tion Number or PCT Int | ernational | | | | |
| Application Number 09/47 | 7,099 and wa | as amended on (MM/DD/Y | YYY) | (if a | ipplicable). | | | | |
| amended by any amendme | I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. | | | | | | | | |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed. | | | | | | | | | |
| Prior Foreign Application | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Att | | | | | |
| Humber(3) | Number(s) Country (MM/DD/YYYY) Not Claimed YES NO | | | | | | | | |
| ☐ Additional foreign applica | ation numbers are listed on a | supplemental priority data | sheet PTO/SB/0 | 2B attached hereto: | | | | | |
| | under 35 U.S.C. 119(e) of an | | | | | | | | |
| Application Number(s) Filing Date (MM/DD/YYYY) Additional provisional application numbers are listed on a supplemental priority data she PTO/SB/02B attached hereto | | | | | | | | | |
| | | 1 | | | | | | | |

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

| | Pĭ | TO/SB/01 | (12-97) |
|---|-----------------------------------|----------|---------|
| _ | Approved for use through 9/30/00. | OMB 065 | 1-0032 |

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION Utility or Design Patent Application

Please type a plus sign (+) inside this box -

| | <u> </u> | INATIO | 11 | - Othit | <u>,y 01</u> | <u>De3</u> | <u> 1911</u> | 1 ate | <u> </u> | שב | piicatii | <u> </u> |
|--|-------------------------------------|---|---------------------------------|---|---|--------------------------|-------------------|-----------------|-------------------------|------------|--|----------------------------------|
| United States United States information wh | of Ameri or PCT In nich is ma | efit under 35 U.S ica, listed below nternational appl aterial to patenta international fili | and, inselication in ability as | sofar as the sul the manner prodefined in 37 (| bject matter rovided by to CFR 1.56 w | r of each he first pa | of the ragraph | claims of the | his applic C. 112, I | ation i | is not disclosed owledge the dut | d in the prior ty to disclose |
| U. | .S. Par | ent Applicat Numl | | PCT Paren | it | | | ing Date | | Parc | ent Patent I | |
| | | 1141111 | Jei | • | | | יטטוו | 1111 | 1 | - | (II applica. | oie) |
| | | | | | | | | , | | | | |
| *************************************** | | PCT internationa | | | | | | | | | | |
| As a named inv and Trademark | rentor, I h : Office co | nereby appoint the connected therew | vith: | Customer Num OR | nber | | | _]- | | - [| act all business Place Custo Number Bar Label he | omer Code |
| | | <u> </u> | <u> </u> | Registered pra | actitioner(s) stration | name/reg | istration | | | <u>w L</u> | | stration |
| | Nam | | | Nun | mber | | | Nam | 16 | | Nu | ımber |
| | A | ndrew S. V | √iger | 28,552 | | | | | | | | |
| | | John L. M | laxin | 34,668 | | | | | | | | |
| Additional | registered | d practitioner(s) | named o | n supplementa | l Registere | d Practitio | ner Info | ormation she | et PTO/ | SB/02(| C attached here | ∋to |
| Direct all corr | esponde | | | ner Number Code Label | | | | OR | ※ C∘ | rresp | ondence add | ress below |
| Name | John | L. Maxin | | | | | | | | | | |
| Address | Nati | onal Semi | condu | ctor Corp | oration | | | | | | | |
| Address | 801 | East Camp | bell F | Road, Sui | te 525 | | | | | | | |
| City | Rich | ardson | | | | State | <u>, 7</u> | ГХ | ZIP | 750 | 081 | |
| Country | USA | • | | Telephor | ne 972 | 2-680- | 4523 | , | Fax | 972 | 2-680-451 | .5 |
| believed to be punishable by | true; and fine or in | I statements ma if further that the oprisonment, or t issued thereon. | ese state both, un | ements were m | nade with th | he knowle | edge tha | at willful fals | ise staten | ments | and the like so | o made are |
| Name of So | ole or F | irst Invento | r: | | | ПАР | etition | has been | filed for | this u | unsigned inve | ntor |
| | | ne (first and m | iddle [if | any]) | | <u> </u> | | Family | / Name (| or Su | rname | |
| Fre | ederic | k S | | | | D | unlap | p | | | | |
| Inventor's Signature | | Bud | vic | 48. | Dr | my | 7 | | | | Date | 2-08-00 |
| Residence: C | ity | Longmo | nt | State | СО | Cour | ıtry | USA | | | Citizenship | USA |
| Post Office Ad | ddress | 1813 Sun | nner S | Street | | | | | | | | |
| Post Office A | ddress | | | | | | | | | | | |
| City | | Longmont | State | СО | ZIP | 805 | 501 | | Coun | itry | USA | |
| Additional | inventor | rs are being na | amed or | n the 🗶 sur | oolements | al Additio | nat Inv | ventor(s) s | heet(s) | PTO | SB/02A attac | hed hereto |

| Please type | a plus sign (| +) inside this | box → | + | |
|-------------|---------------|----------------|-------|---|--|
| | | | | | |

PTO/SB/02A (3-97)
sign (+) inside this box + + Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page ___ of ___

| Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor | | | | | | | | | | | |
|--|----------------------------------|--|----|---------|------------------------|-------------------|----------|----------------|---------|--------|--|
| Given Name (first and middle [if any]) | | | | | Family Name or Surname | | | | | | |
| John Eitrheim | | | | | | | | | | | |
| Inventor's Signature | John K | 16 | | _ / | | | | 1/21/1 Date | 00 | | |
| Residence: City | Farmers Branch | State | TX | | Country | USA | | Citizens | hip | USA | |
| Post Office Address | 4000 Parkside Center Blvd. #2302 | | | | | | | | | | |
| Post Office Address | | · | | | | | | | | | |
| City | Farmers Branch | State | TX | | ZIP | 75244 | Country | y US | Ą | | |
| Name of Addition | nal Joint Inventor, if ar | ny: | | <u></u> | A petitio | on has been file | d for th | is unsigi | ned inv | ventor | |
| Given Na | me (first and middle [if any | <u>']) </u> | | | | Family Nan | ne or S | Sumame | | | |
| | | | | | | | | | | | |
| Inventor's Signature | | | | | | | | Da | te | | |
| Residence: City | | State | | 0 | ountry | | | Citize | nship | | |
| Post Office Address | | | | | | | | | | | |
| Post Office Address | | | | | | | | | | ! | |
| City | | State | | , | ZIP | | Coun | itry | | | |
| Name of Addition | nal Joint Inventor, if ar | ıy: | [| | A petitio | on has been filed | d for th | is unsigr | ned inv | rentor | |
| Given Na | me (first and middle [if any | 1) | | | | Family Nan | ne or S | Sumame | | | |
| | | | | | | | | | | | |
| Inventor's Signature | | | | | | | | Da | te | | |
| Residence: City | | State | | c | ountry | | | Citize | nship | | |
| Post Office Address | | | | | | | | | | | |
| Post Office Address | Post Office Address | | | | | | | | | | |
| City | | State | | | ZIP | | C. | ountry | | | |

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.